									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2003								10767131						
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			25						RATE FEE		1	RATE	FEE ·	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2 (minus 20=		· 8			XS 9= 179		12	OR	XS18=		
IND	EPENDENT C	LAIMS	6 m	nus 3 =	• ~			X43= 128		120	OR	X86=	•	
MU	ILTIPLE DEPEN	NDENT CLAIM PI	TRESENT					+145=		1621.	OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	4	586	OR	TOTAL			
CLAIMS AS AMENDED - PART II									- 1	<u> </u>	J O.,	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMAL	LE	NTITY	OR	SMALL		
AMENDMENT A	· .	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 25	Minus	* 6	28	=		XS 9=			OR	X\$18=		
	Independent	. 6	Minus	 (2	= /		X43=	7		OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM /							+145=			OR	+290≠		
•								TOTA	!			TOTAL		
(Column 1) (Column 2) (Column 3)									E L		OR	ADDIT. FEE		
		(Column 1) CLAIMS		HIĞH		(Column 3)	ı		Т	ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID I	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL	
	Total .	•	Minus	**				XS 9=	1		OR	X\$18=		
	Inaependent	•	Minus	9 W W		=		X43=	†		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL						!	+145=	1		•	+290=		
									٠		OR	TOTAL	•	
									ĒL		OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE		ADDI- TONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	•	Minus ··	**		=		X\$ 9=			OR	X\$18=		
ME	indep nd nt	•	Minus	***		=		X43=	†		OR	X86=		
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		1	.445	\dagger			.200		
• 11	the entry in colur	nn 1 is less than the	e entry in calui	nn 2, write '	"O" in col	umn 3. ·	L	+145=	1		OR	+290= TOTAL		
[the Highest Nur	mber Previously Pai mber Previously Pa	id For IN THIS	S SPACE is	less that	n 20, enter "20."	A	DDIT. FEE			OR ,	ADDIT. FEE		
		ber Previously Paid					r toun	id in the a	ppro	opriate box	in col	umn 1.		